and the os be dilated by the pressure of the body and head of the child in the act of extraction, as practised by Dr. Robert Lee.—*Med. Times and Gaz.*, July 12, 1856.

56. *Dropsy of Pregnancy.* By M. Becquerel.—Four forms of dropsy are observed in pregnant women, which are far from being of the same importance.

1. *Mechanical Dropsies*, perhaps the most common, are due to the pressure exerted by the gravid uterus, their production being favoured by the lesser density of the blood in pregnant women, and the slight diminution of albumen that exists in its serum. These dropsies are confined to the lower extremities, are of no importance beyond their inconvenience, and disappear after delivery.

2. *Dropsies due to Changes in the Blood, but unaccompanied by Albuminuria.*—The change in the blood which induces these dropsies consists in a diminution in the amount of the albumen of the serum, a diminution that is sometimes considerable, and for which we can assign no other cause than the fact of the pregnancy and its influence on the various immediate principles of the blood. This description of dropsy, like the two next, tends to become general. It is of importance to distinguish it from the two others, and especially the 4th, for it does not predispose to eclampsia. It is by analysis of the blood alone that we can establish its existence. It disappears also after pregnancy, but far more slowly. It has been observed that women suffering from it remain feeble for a long period, their "getting up" being slow and difficult.

3. *Dropsies with Changes in the Blood and Albuminuria, but without Bright's Disease, properly so called.*—These dropsies are the consequence of the diminution of the albumen of the blood, produced by its deperdition through the kidney. Until lately, it was supposed that such loss might take place without material lesion of the kidney; but from the investigations made by M. Robin and the author, it results that this albuminuria is due to a special modification taking place in the epithelial cells of the tubuli, a modification consisting in the infiltration of the cells and tubuli by numerous granules of a protoric nature. This infiltration is analogous to that which M. Robin had already found in choleraic albuminuria, and like it is susceptible of cure. The absolute diagnosis during life of this disease from Bright's affection is very difficult, and yet it is highly important, as the prognosis must be entirely based upon it. It is in women who are the subjects of these dropsies that we have to fear eclampsia, and the predisposition to puerperal peritonitis. Eclampsia is not, however, a necessary consequence; and when we find general dropsy, change in the blood, and albuminuria coexisting, we still cannot affirm that this terrible accident will follow. On the other hand, whenever we find eclampsia we are certain of finding, not always dropsy, but albuminous urine, and change in the blood. In respect to the termination of this form of dropsy, it may be observed that, if eclampsia does not supervene, a cure is almost certain; while, in the case of its occurring, the result is dependent upon that of the eclampsia.

4. *Dropsies due to Bright's Disease.*—It is very important to establish the diagnosis of this form. We may lay stress upon the somewhat larger quantity of albumen, the presence of fragments of the tubuli, of fibrinous filaments, and fatty globules. When eclampsia complicates this form it is invariably fatal; and even when eclampsia does not occur, the disease is not arrested after delivery. The dropsy continues to increase, the termination proving, after a certain period, fatal.—*Med. Times and Gaz.*, July 5, 1856, from *Rev. Medico-Chirurg.*, tome xviii.

57. *Contagiousness of Puerperal Fever.*—Dr. Credé in a report on puerperal fever (*Verhandl. der Ges. für Geb.*, 1855), confirms the conclusions arrived at in Vienna, as to the contagiousness of that disease. He relates that for nearly two years puerperal fever had raged with but little intermission in the Charité Hospital in Berlin. He refers to a statistical account by Dr. Quincke, to show that of about 650 women delivered there in the last year, 139 had been removed for illness to the lying station; all of these, with the exception of 15, were affected by puerperal fever, and 68 died. All the apartments used for the labour patients were twice changed, and once every utensil and all the attend-

ants were changed. Ali had little nr no influenco. In the now rooms, ns in tho old, puorperal fover continued. Upon this thn physicians of the outer station made tho observation that thn contagion of hospital-gangrene and of pyæmia, whioh alse had not censad within that time, was in close relationship with tho puorperal fever contagion. It wae therefore weighed hy the committen whether it would not ho dosirahlo to remove the lying-in institution altogether from the Charité. Dr. Credé added, that it nppeared manifest thet wherever hospitals worn connected with lying-in wards, puerperal fever contagion assumed far greater development and intonsity, ns in Vienna, Prague, Stuttgard.—*Brit. and For. Med.-Chirurg. Rev.*, April, 1856.

58. *Case of Injurious Effect of Prolapsus Uteri upon the Urinary Organs.* By Prof. Retzius, of Stockholm.—On a previous occasion, n case was communicated by Prof. Düben, where, in nn individual suffering from prolapsus uteri, ono of the kidneys was found atrophied, with dilatation of its pelvis and uretor, in consequence of pressure hy the tumefied lower portion of the uterus. Shortly afterwards, Prof. Retzius had an opportunity, in the anatomical rooms, of examining a subject affected with nn extensive prolapsus. He found hern hoth kidneys atrophied, forming, as it wern, thin caps over the greatly dilated pelvis; the calyces and the papillæ renalce being obliterated. The uroters were also dilated, and lengthened to morn than twice tho normal dimension. Thoy lay flattened, of the hreadth of half an inch, and presented many windings. The urinary bladder was also remarkahly large, nnd its lower part considernhly thickened. The place where the ureters enter into the posterior wali of the bladder was pushed down into the lower opening of the pelvis. The under portion of the hladder wae thruet forwnrd, between the arch of the puhis and the prolapsed and swollen uterus. The urethra, whioh in its natural condition has a straight direction between the vogina and the orch of the puhis, through the fascia profunda of the pelvis, was here compressed towards the arch, by the prolapsus, and had a greatly hent course upwards, around and beneath the arch, almost in the form of n loop. The canal was at the eame time widened and lengthened; and from its orifice depended a flat, lancet-shoped flap, a prolongation of the mucous membrane.

It is ohvious that the prolapeus hod proved here a eource of pressure, oe well posteriorly on the corpus trigonum, into which the ureters open, as towards the arch of the pubis, and upon the prolonged and thickened neck of the bladder itself. Hence ensued an obstruction of the flow of the urine, which had evidently, as the case of Professer Düben had nlready demonstrated, led to thn atrophy of the kidneys, and to the lengthening and distension of the urinary passages; which ngain, in their turn, must have conduced to a deloterious influence upon the condition of the blood, nnd upon the whole organism.—*Edinburgh Med. Journ.*, July, 1856, from *Anat. iakttagelser.*

59. *Polypiform Prolongation of the Os Uteri.* By Dr. Szukits.—The subject of this paper is a remarkahle case, considered indeed hy the author, when taken in all its bearings, as unique. It is an example of polypiform prolongation of the anterior lip of the os utori becoming developed towards the end of pregnaney, and disappearing spontaneously some time after delivery. Such prolongations nre usually congonital, or come on nt, or soon after, puborty, and they are rarely confined to one lip. It is not very rere to meet with hypertrophy of the vaginal portion of the uterne, ns n consequenen of injury done to the cervix in labour, the anterior lip usually heing the part that suffers most, and sometimes the only part nffected. Still more frequent are cases in which we meet with prolongation during the first days of the puerperal state, induced by inflammatory or œdematous swelling. This is easily distinguished hy the œdema of the surrounding parts; but even after thn involution of the uterus has become completed, the part does not diminish to its former volume. Tho few eases of polypiform prolongation of one or hoth lips, that have hitherto been recorded, have required amputation.

This case occurred in the person of a primipara aged 29, who had menstruated regularly since she was 19. During the latter months of her progaancy, she